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# **USAID Community Care Program (USAID Programa de Cuidados Comunitários)**

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**Quarterly Report: Q4–Yr 5, July - September 2015 (Q20)**



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FROM THE AMERICAN PEOPLE

**COMMUNITY CARE  
PROGRAM**

Report Submission: September 2015

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**List of Acronyms**      \*indicates the Portuguese acronym here rendered in English

AIDS	Acquired Immune Depressant Syndrome
ART	Anti-Retroviral therapy
ARV	Anti-Retroviral
CCP	Community Care Program
CSO	Civil Society Organization (same as CBO, Community Based Organization)
DPMAS*	Provincial Directorate of Women and Social Action
DPS*	Provincial Directorate of Health
FHI 360	Family Health International
HIV	Human Immunodeficiency Virus
M&E	Monitoring and Evaluation
MISAU*	Ministry of Health
MMAS*	Ministry of Women and Social Action
OVC	Orphans and Vulnerable Children
PLHIV	People Living with HIV
PSS	Psychosocial Support
REPSSI	Regional Psycho Social Support Initiative
SDSMAS*	District Services of Health, and Women and Social Action
USAID	United States Agency for International Development
VS&L	Village Savings and Loan (groups)

1. **Project Duration: (5)** Five years
2. **Starting Date:** September 2010
3. **Life of project funding:** September 2010 – September 2015
4. **Geographic Focus at end Q20 (Q4 – Yr 5):** Maputo (5 districts), Sofala (8 districts), Tete (7 districts), Cabo Delgado (1 district) and Niassa (4 districts), **25 districts** per map below.



## 5. Program/Project Results (Objectives)

USAID/Mozambique's Community Care Program (CCP), also known as Programa de Cuidados Comunitários (PCC) in Portuguese, is designed to strengthen the community-based response to HIV/AIDS in seven provinces and improve the health and quality of life of people living with HIV (PLHIV), orphans and vulnerable children (OVC), and pre- or post-partum women. Working in close partnership with civil society organizations (CSOs), the Ministry of Health (MoH, or MISAU in Portuguese), the Ministry of Women and Social Action (MMAS in Portuguese), and the private sector, CCP will also strengthen the government's capacity to coordinate, manage, and oversee an integrated continuum of care and support and will build

the CSOs' capacity to provide comprehensive, community-based care and support services. Within five years, CCP will achieve for PLHIV, pre- or post-partum women, OVC and their families: increased provision of family-centered, community-based HIV care and support services, and increased access to economic strengthening activities and resources for HIV-affected households.

The CCP Results (objectives) are:

- 1) Increased provision of quality, comprehensive, community-based care and support services to people living with HIV and AIDS and their families.
- 2) Increased family-centered, community-based services that improve health outcomes and quality of life for PLHIV, OVC, and pre/post-partum women and that are implemented by the coordinated efforts of the Ministry of Women and Social Action (MMAS), the Ministry of Health (MISAU), and civil society organizations (CSOs).
- 3) Increased numbers of HIV/AIDS positive individuals and affected households have adequate assets to absorb the shocks brought on by chronic illness.

CCP also applies six cross-cutting strategies to ensure the sustainability of project results, including: 1) community-driven approaches; 2) services integration; 3) capacity building and systems strengthening; 4) partnership and coordination; 5) performance improvement; and 6) gender-sensitive and age-appropriate interventions.

## **6. Summary of the reporting period, Q4 – Yr 5**

This reporting period marks the conclusion of CCP, the final quarter of the five year project. This quarter was majority devoted to the many aspects of finalizing all the donor contract and FHI 360 compliance requirements, as well as concluding a few key activities. The Community Committees will work in coordination with the CSOs in the communities. The care plans to support OVCs includes, but are not limited to: continue working with the kids clubs, identification and referrals of OVCs to obtain poverty certificate, birth certificate, National Institute for Social Action (INAS) and other exiting social services to respond to the OVC needs. Referrals to health units, GAAV (Institution who responds to victims of violence). These key activities included carrying out the CCP End of Project Evaluation, replacing broken bicycles among the *Activistas* as part of their capacity to sustain community based care and support for CCP target groups, finalizing the Disposition of Project Property request, and carrying out the CCP Final Close Out Event for ministry partners, key donor staff, and diverse other stakeholders.

This quarter was also deeply marked by the release of the USAID competitive OVC rebid the last day of June, with the addition of the separate opportunity on July 14<sup>th</sup> for CCP to craft a 9 month bridge project under the YouthPower mechanism, a global project managed by FHI 360 headquarters.

The Chief of Party did represent CCP at the REPSSI Forum in Victoria Falls, Zimbabwe, the first week in September. She presented PCC experience on psychosocial support, which included – ToT trainings to CSO Supervisors and SDSMAS focal points, replication to *Activistas*, Technical Assistance and direct support to OVCs on psychosocial support in coordination with REPSSI.

Given that no new implementation took place this quarter, no quarterly Performance Indicators information or other implementation data will appear in this report.

## **8. Program Management**

### **Staffing**

Community Care Project was officially closed on September 26, 2015 and all contractual liabilities with staff were carefully settled as per the Country labor law. Close-out procedures were initiated three months before the project end date. A month towards the end of the project, FHI 360 received a confirmation of a pilot bridge project Youth Power. CCP staffing did remain remarkably stable this final project quarter, largely due to the YouthPower Bridge opportunity coming into play. An exercise was done to identify the project staffing needs, and most of the staff who were working on the PCC were re-integrated in the new pilot project. Out of the 49 employees who were covered under the project, 4 applied for the vacancies published in the new CHASS project and were successfully recruited. A Technical Officer who was based in Sofala province, left the project and received his severance pay based on local labor law. Another Technical Officer applied for a vacancy at MSTAR project and was appointed. The project Chief of Party also returned to her country and all aspect related to repatriation were settled. Since FHI 360 will be doing direct implementation (through CSOs) in the Manica province, a Provincial Technical Officer has been recruited to represent FHI 360 at provincial level to support the Youth Power project implementation. An advantage about the new appointment of the Provincial Technical Officer for Manica Province is that she has been working with AFRICARE under PCC and she is familiar with the existing CSOs, as well as USAID rules and regulations.

### **Leases**

Three months towards the end of the project, PCC sent out letters to all vendors/service providers informing them about project close outs. All contractual liabilities with other service providers and sub-partners have been completed.

### **Rents**

All contractual aspects related to rents (house for expatriate staff and office spaces) were settled before the end of the project.

In Manica Province, the assets disposal took place in September, based on the provided approval. FHI 360 received letters from the CSOs requesting donation of assets bought under PCC, to guarantee the continuation of the community activities after the project close out. FHI 360 donated the assets based on the CSO request. These included office equipment's and motorbikes. In regards to the two vehicles purchased for AFRICARE during the project implementation, one vehicle was donated to DPMAS and another one will be used for the new pilot bridge project.

The asset disposal for the remaining provinces is still on process and FHI360 will proceed according to donor recommendations. This process is expected to be completed by the end of December, 2015.

## **9. Close Out Activities**

The national level CCP Close Out event in Maputo took place on 23<sup>rd</sup> September, serving as the final and highest level closure activity. The most senior officials in attendance, Mr. Alex Dickie, Mission Director, USAID Mozambique, Dr. Miguel Mause, National Director of Social Action in the Ministry of Gender, Children, and Social Action, and Dra. Florbela Bata, Responsible for care and treatment component in the HIV/AIDS Program at the Ministry of Health, all praised the work of CCP, which was gratefully accepted by FHI 360 and the project team. In opening remarks, Chief of Party/Project Director Linda Lovick proffered the view that true development was a marriage of art and science, and that results data need to be taken through a human lens, knowing that all the numbers reflect actual lives of Mozambican children, families, and communities. As well, she acknowledged the many implementation partners at all levels, without which there could not have been any project results.

### **Feedback from MGCAS Documented during the project close out event.**

Community Care Project supported MGCAS to strengthen the government to coordinate, manage and conduct continuous supervision of community care, strengthened the CSO in the provision of care and support in the community and also strengthened the capacity of the families to satisfy their needs.

MGCAS recognizes that the kids clubs, is a legacy left by PCC at district level. According to MGCAS it is the community's responsibility to continue these activities in benefit of their children. MGCAS also mentioned in their speech that the scrap book is also another reference left by this project which will give a good contribution to this country. This project supported the OVCs to have access to education, health and social services.

"It is important to refer that the coordination and collaboration we had with FHI 360, permitted us to develop some instruments to respond to the minimum package of services provided to OVCs, in the creation and strengthening of Child Protection Committees as well as the participation of PCC in the development of PNAC II." Spoke MGCAS representative in the close out event.

### **Feedback from MISAU**

To MISAU the joint supervision visits with participation of HIV focal points from MISAU both at district and provincial levels carried out across the 7 provinces contribute positively to improve the quality of services provided to the beneficiaries.

PCC also trained, HIV SDSMAS focal points on integrated care, OVC minimum standard services and essential package, including the functioning of child protection committees. According to MISAU the involvement of Community leaders in the identification of beneficiaries, provision of home based care to PLHIV who were bed ridden, follow up on Lost to found patients in collaboration with health units, the allocation of Activistas at health units to support the referrals and counter referral system contributed to improve the lives of project beneficiaries. MISAU representative also mentioned in his speech that. The component of village savings and loans will helped the beneficiaries to improve their economic status, thus reducing their vulnerability.

Nutrition component also contributed to improve the diets of the project beneficiaries specially PLHIV who are on ARVT.

However both MISAU and MGCAS were unanimous on saying that they wish that a similar project would take place across the country because there is still a lot to be done in the communities

Now with the upcoming YouthPower adolescent focused activity, the recent district and provincial level CCP Close Out events carry extra meaning in terms of relationships cemented for possible future shared activities.

## **USAID activities**

The biggest and most significant USAID activities this period concerned the future. Developing the YouthPower Bridge activity took enormous effort to first sort out many feasibility factors, then to develop the SOW, budget, workplan, and M&E plan, all in a short period where the CCP team already had full plates. The Bridge will focus on adolescent OVC, for a nine (9) month period from 28 September 2015, through June 30, 2016, in 19 PEPFAR.3.0 priority districts, joined by N'weti (a Mozambican NGO focusing on youth) for certain Bridge activities, with 16 former CCP CSOs implementing under totally new Grants Under Contract, but aiming for a rapid start up given the CCP platform already in place including trained *activistas* in CCP-familiar community settings. Ms Cara Endyke-Doran, FHI 360 Mozambique Associate Country Director for Programs, will serve as the Interim Project Direct for the activity, which has a COP in FHI 360 HQ, Ms Kristin Brady. It should be noted that when CCP staff devote time to non CCP work, such as the Bridge development for example, they charge their time to an appropriate alternative charge code and not CCP.

CCP supported three USAID SIMS site visits in this reporting period, to Sofala, Tete, and Manica provinces. While none of the CCP CSOs still had project funds at this point in time, the visits were still deemed useful from a retrospective point of view at the very least. One recommendation always hovering around the edges of any work of this type, is that of ex-post evaluation, to truly get at the effectiveness of the project's investments in communities and their members by studying the activities and behaviors still practiced some years after the project's inputs. SIMS visits after project funds cease could be the beginning of examining such hoped for long term effects.

CCP also had the privilege to host a large group of visitors to the Marracuene district CSO partner CONFHIC, in mid-August. The group included US Congressional staff persons, staff from a US infectious diseases research institute, Mozambique based PEPFAR officials, in addition to key USAID and CCP staff. The visitors got to learn about CCP and OVC care and support issues by visiting two child headed households and a VS&L group.





The visit group listens intently to this 17 yr old's story (far left) as a child head of household, with the CSO *activista* next to him. He is sponsored to stay in school and in his spare time also has learned cement block making to head toward self-sufficiency.

## Environmental Compliance

Since CCP concluded its contractual relationships with all the CSOs who were implementing CCP community based activities, the project no longer has official authority over how the CSOs carry out the activities they have pledged to sustain after funds finish. We hope that based on the good relationships that were built and fostered over the LOP, that *activistas* would continue their learned practices in this area as with their other activities.

## 10. Major Implementation Issues

During this reporting period, implementation issues focused on internal processes and project activities such as compiling the many constituent asset inventories to formulate the Disposition of Property Request. The inventory list was updated on yearly basis at all levels by the CSOs, strategic partners and FHI 360. FHI 360 Sub Agreement Officers had the responsibility to ensure that an updated list of the inventory was provided by the partners at the end of the fiscal year. Generally speaking, the CCP vision is to keep useful items such as motorbikes and computing equipment with the CSOs who were using them to support project activities. In cases where a CSO closed earlier in the life of the project, the motorbikes, for example, are envisioned to reside in future with key SDSMASS or in some cases DPMASs. Logistics have loomed larger than usual, since time factors create extra pressures to get things done.

## 11. Evaluation/Assessment Update -

Underway during the reporting period:	
End of Project Evaluation:	
<p>The contract with Dumbani, a Mozambican research consultancy firm, was approved by FHI 360 and USAID, which allowed the field research to finally commence. The CCP End of Project Evaluation will take place in four (4) of the CCP provinces, randomly selected long ago during the design phase. Data collection took place in early September, after the requisite data collector trainings and pilots. This evaluation took an innovative approach to the data collection, using “tablets”, electronic devices smaller than iPads but bigger than most mobile phones. Using the tablets for data collection allowed the data to be uploaded daily to a central data base, which further allowed preliminary checking, cleaning, and analysis. Many lessons were learned from using this technology, a main one being to purchase the next higher quality tablet to avoid some of the technical difficulties encountered with the brand that was used this time. Another major lesson learned was to allow more time for every part of the field work and data analysis and report drafting. It must be noted that sufficient time was in the original workplan, but the combination of externality based delays, internal delays, and a non-movable project end date, all combined to undesirably squeeze time into a shorter than ideal period. The draft Evaluation Report is annexed to this quarterly report.</p>	